

## PATH Outreach and Enrollment Form / Shelter + Care Application

Location of Outreach \_\_\_\_\_

**PART A.****Personal Information**Full Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Outreach: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_

Date Closed to PATH: \_\_\_\_\_

**Reason Closed**☐ Ineligible ☐ Referred to MH Services ☐ Referred to Other Services ☐ Consumer Choice**Family Status** (Shelter Plus Care is mainly an individual only program)☐ Individual☐ Family

Family Member Name	Relationship to Head	Birth Date	Sex	Social Security #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**PART B.****Demographics****Sex**☐ Male  
☐ Female**Veteran Status**☐ Veteran  
☐ Non-Veteran**Ethnicity**☐ Hispanic or Latino  
☐ Non-Hispanic or Non-Latino**Social Security**☐ SSI  
☐ SSDIApplied for SSI/SSDI?  
Yes ☐ No ☐ Date \_\_\_\_\_**Insurance**☐ Medicaid  
☐ Medicare  
☐ Private Insurance**Race**☐ White  
☐ American Indian/Alaskan Native Asian  
☐ Black or African American  
☐ Asian  
☐ Native Hawaiian/Pacific Islander  
☐ Don't Know (means individual doesn't know)  
☐ Refused  
☐ Other \_\_\_\_\_**Have you received Public Housing or Section 8 before?**Yes, Ever been evicted from Section 8? ☐ Yes ☐ No  
No

If yes, City and State: \_\_\_\_\_

**Have you ever been convicted of a crime?**Yes  
No

If yes, please explain: \_\_\_\_\_

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**Housing at First Contact**

- ☐ Place not meant for Habitation (e.g., outdoor, street, abandoned or public building, automobile)  
Time Living in condition: ☐ < 2 days ☐ 2 – 30 days ☐ 1 – 3 months ☐ 3 – 12 months ☐ > 1 Year
- ☐ Emergency Shelter - ☐ Long Term Shelter ☐ Short Term Shelter  
Time Living in condition: ☐ < 2 days ☐ 2 – 30 days ☐ 1 – 3 months ☐ 3 – 12 months ☐ > 1 Year
- ☐ Transitional housing for homeless persons ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons ☐ Staying or living in a family member's room, apartment or house
- ☐ Psychiatric hospital ☐ Staying or living in a friend's room, apartment or house
- ☐ Substance abuse treatment facility ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Hospital (non-psychiatric) ☐ Foster care home or foster care group home
- ☐ Jail, prison, or Juvenile Detention Facility ☐ Other
- ☐ Rental by client, no ongoing housing subsidy ☐ Safe Haven (Safe Haven Project)
- ☐ Rental by client, with VASH housing subsidy ☐ Don't know (Means the individual does not know)
- ☐ Rental by client, with other ongoing housing subsidy ☐ Refused

**Chronic Health Condition:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**General Health:**

- ☐ Excellent ☐ Poor  
☐ Very Good ☐ Don't Know  
☐ Good ☐ Refused  
☐ Fair

**Chronically Homeless:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**Physical Disability:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

If yes, receiving services or treatment?

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**Developmental Disabilities:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

If yes, receiving services or treatment?

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**HIV/AIDS:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

If yes, receiving services or treatment?

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**Mental Health Problem:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

Expected Long Duration

- ☐ Yes  
☐ No  
☐ Don't Know ((means individual doesn't)  
☐ Refused

If yes, receiving services or treatment?

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

**Substance Abuse:**

- ☐ No  
☐ Alcohol abuse  
☐ Drug abuse  
☐ Both  
☐ Don't Know ((means individual doesn't)  
☐ Refused

If yes, receiving services or treatment?

- ☐ Yes  
☐ No  
☐ Don't Know ((means individual doesn't)  
☐ Refused

**Domestic Violence:**

- ☐ Yes  
☐ No  
☐ Don't Know (means individual doesn't)  
☐ Refused

When Experience Occurred?

- ☐ Within the past 3 months  
☐ 3 to 6 months ago  
☐ 6 to 12 months go  
☐ Don't Know (means individual doesn't)  
☐ Refused

# Appendix 1

## PATH Outreach and Enrollment Form / Shelter+Care Application

<b>Location of Outreach</b> _____				
Full Name of Applicant: _____ Social Security Number: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>				
Date of Birth: _____		Age: _____		
Phone Number: _____		Emergency Contact Name: _____		Phone Number: _____
Date of Outreach: _____		Date Enrolled: _____		Date Closed to PATH: _____
<b><u>Reason Closed</u></b>				
<input type="checkbox"/> Ineligible <input type="checkbox"/> Referred to MH Services <input type="checkbox"/> Referred to Other Services <input type="checkbox"/> Consumer Choice				
<b><u>Suspected Diagnosis</u></b> <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other Psychotic Disorders <input type="checkbox"/> Affective Disorders <input type="checkbox"/> Personality Disorders <input type="checkbox"/> Other Serious MI			<b><u>Institutionalized in Past 12 Months</u></b> (check all that apply) <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Jail - County - City <input type="checkbox"/> State Prison <input type="checkbox"/> Treatment Facility, CD, Other	
<b><u>Date Referred to Mental Health (MH) Services (still PATH Consumer)</u></b>				
Enter when PATH Consumer is enrolled and receives this service. Please review each quarter. This is an unduplicated count, therefore counting each consumer one time per service.				
<b>1<sup>st</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>	
7/1 - 9/30	10/1 - 12/31	1/1 - 3/28	4/1 - 6/30	<b><u>Services Provided</u></b>
				a. Outreach services
				b. Screening and diagnosis treatment services
				c. Habilitation and rehabilitation services
				d. Community mental health services
				e. Alcohol or drug treatment services
				g. Case Management services
				h. Supportive and supervisory services in residential settings
				i. Referrals for primary health services, job training, educational services and relevant housing services
				j2. Planning of Housing
				j3. The costs of matching homeless with appropriate housing situations
				j4. Technical assistance in applying for housing assistance
				j5. Improving the coordination of housing services
				j6. Security deposits
				j7. One-time rental payments to prevent eviction
<b>Outcomes:</b>				
<b>Housing:</b>				
<b>Employment:</b>				
<b>Benefits:</b>				
<b>SSI/SSD Application(s):</b>				

**Appendix 1****PATH Outreach and Enrollment Form / Shelter+Care Application****Location of Outreach** \_\_\_\_\_Full Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)**What is your total monthly income?** \_\_\_\_\_**Please identify source(s) of income and amounts:**

<b>INCOME SOURCE</b>	<b>AMOUNT/Monthly Income</b>
Earned Income (employment)	
Unemployment Insurance	
Supplemental Security Income (SSI)	Date Applied, if applicable
Social Security Disability Income (SSDI)	Date Applied, if applicable
Veteran's Disability Payment	
Private Disability Insurance	
Worker's Compensation	
TANF	
General Assistance	
Retirement Income from Social Security	
Veteran's Pension	
Pension from a Former Job	
Child Support	
Alimony or other Spousal Support	
Other Source	

<b>NON-CASH BENEFIT SOURCE</b>	<b>AMOUNT/Monthly Income</b>
Supplement Nutrition Assistance Program (SNAP)	
MEDICAID Health Insurance Program	
MEDICARE Health Insurance Program	
State Children's Health Insurance Program (CHIP)	
Special Supplement Nutritional Program for Women	
Veteran's Administration Medical Services	
TANF Child Care services	
TANF transportation services	
Other TANF- funded services	
Temporary rental assistance	
Section 8, public housing, or other rental assistance	
Other source	

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**NOTICE:**

- A security deposit equal to the first month's rent will be provided if the individual is not able to pay the deposit. This is only available one time to a participant.

Participant requests a security deposit in the amount of \$\_\_\_\_\_.

- Utilities not included as part of the rent is required to be secured in the tenants name on or before the effective date of the lease. The tenant is responsible for the utility deposit.
- The participant must remain in good standing on the Shelter Plus Care Program 18 consecutive months to be eligible for a section 8 voucher.

I hereby certify that all the information I have provided on this application is complete and accurate:

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter during these days.**

I hereby certify that this individual meets all criteria to participate in the Shelter Plus Care.

Case Manager Signature: \_\_\_\_\_

Date \_\_\_\_\_ Cell Phone # \_\_\_\_\_

PLEASE ATTATCH LETTER FROM SHELTER OR LETTER FROM AGENCY CONFIRMING LIVING SITUATION